

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38909

1. PLACE OF DEATH

County Vernon Registration District No. 874
 Township Maudselle Primary Registration District No. 615-1
 City Maudselle (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 8 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Mogg
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 1883
 7. AGE YEARS 50 MONTHS 4 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Nov 26 1933 11. Total time (years) spent in this occupation 25 years

12. BIRTHPLACE (CITY OR TOWN) Williamsburg (STATE OR COUNTRY) Kansas

MOTHER FATHER
 13. NAME Daniel Mogg

14. BIRTHPLACE (CITY OR TOWN) Williamsburg (STATE OR COUNTRY) Kansas

15. MAIDEN NAME Gettie Long

16. BIRTHPLACE (CITY OR TOWN) Indianapolis (STATE OR COUNTRY) Indiana

17. INFORMANT Mrs Eva Mogg (ADDRESS) Maudselle Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jewell Cemet DATE 11-29 1933

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Maudselle Mo.

20. FILED Nov. 30 1933 H. B. Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 28 1933
 22. I HEREBY CERTIFY, That I attended deceased from NOV 23 to NOV 28 1933
 I last saw him alive on NOV 28 1933 Death is said to have occurred on the date stated above, at 6 A.M.
 The principal cause of death and related causes of importance were as follows:

NOV 28
Edema Bronchi
 Other contributory causes of importance
114B
D.K.
 Date of onset

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) H. W. B... M. D.
 (Address) Maudselle

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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